

NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

SECTION I. To be completed by the Department Head/Supervisor

1. Name of Employee Ian Winfield
2. Date of Employment 8/16/22 Pay rate \$28.37
3. Department Sheriff Job Classification Deputy Sheriff
4. Attach Documentation--References checked Yes [X] No []
5. Date Physical Given 8/1/22 Driver's License Check Yes
6. Job Description/Grading Complete? Yes [X] No [] [X] Union Employee [] Non-Union Employee
7. New Employee: Number hours per week 42.50 (Full Time is 32 or more hrs/wk).
8. Change of Employee Status: Effective Date Status From to
Date 08/09/22 Tentative Approval [Signature]

SECTION II. This form with the attachments and payroll forms should be forwarded to the Auditor's Office for processing and placement on the next Board of Supervisors' agenda for approval. Paychecks will not be issued until all forms are complete and Board approval granted.

APPROVAL/DISAPPROVAL / / Date Board of Supervisors (yes or no + initials)

Sections I and II must be completed BEFORE going to payroll personnel (Auditor Office)

SECTION III. To be completed by payroll personnel (Auditor Office)

- 1. Are you a student at this time? Yes [] No []
2. W-4 and IA W-4 (Federal and State Withholding certificates)
3. Direct Deposit
4. IPERS Beneficiary Form and Book (Not needed for students)
5. Personnel Policy or Bargaining Unit Agreement, whichever is applicable
6. Health & Life Insurance application & booklets/Personal Accident Ins, Voluntary Accident Ins, Dental
7. Part-timers: 1) Individual Health Care Plan 2) Health Ins Referral Form
8. Credit Union Brochure
9. Employment Eligibility Verification Form
10. Sexual Harassment Policy and Family Medical Leave (if not under County Personnel Policy)
11. Deferred Comp Information

I have completed the forms and received the documents, as noted above.

DATE EMPLOYEE Signature